

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90050 009 \*\*\*150.00

**DOCUMENT # 601737**

1. Entity Name  
**FLORIDA GYN GROUP, P.A.**

|   |  |
|---|--|
| Principal Place of Business<br>2909 N. ORANGE AVE SUITE 108<br>ORLANDO FL 32804 | Mailing Address<br>2909 N. ORANGE AVE SUITE 108<br>ORLANDO FL 32804-4639 |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-1281862</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |    |  |                          |  |
|---|--|--|--|--|--|----|--|--------------------------|--|
| 6. Name and Address of Current Registered Agent       |  |  |  | 7. Name and Address of New Registered Agent                                  |  |    |  |                          |  |
| STONE, HARRY C<br>2905 MCRAE AVE.<br>ORLANDO FL 32803 |  |  |  | Name<br><b>ADLER, GEORGE T</b>   |  |    |  |                          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>2905 MCRAE AVE.</b> |  |    |  |                          |  |
|   |  |  |  | City<br><b>ORLANDO,</b>  |  | FL |  | Zip Code<br><b>32803</b> |  |
|   |  |  |  |  |  |    |  |                          |  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 4-17-00

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|--|--|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STONE, HARRY C.<br>2905 MCRAE AVE.<br>ORLANDO FL | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>ADLER, GEORGE T<br>2905 MCRAE AVE<br>ORLAND FL  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>ADLER, GEORGE T<br>2905 MCRAE AVE<br>ORLANDO, FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 4-17-00 Daytime Phone # (407) 898-7151